Appendix A-8: PSI-90 Medicaid Claims Extract Rules (AHRQ PSI90 SAS v2022)

Data Field Name	Description	Format	Value Description	Comments
Claim Number	Sequence Number Unique case identifier	Text	User defined unique identifier for each discharge record	If missing or invalid, claim is excluded
PATIENT ID	Unique patient identifier	Text	Unique patient identifier	If missing or invalid, claim is excluded
DOB	Date of Birth	Date Field	MM/DD/YYYY	Age in years at admission is created using DOB and Admission Date fields Claims with age less than 18 years at admission are excluded. Claims with missing or invalid DOB are excluded
SEX	Sex of Patient	Numeric 1 2	1=male 2=female	No additional comment
PROVIDER ID	Data Source Hospital Number	Numeric	Hospital identification number	If missing or invalid, claim is excluded
DISCHARGE DISPOSITION	Disposition of Patient	Numeric 1 2 3 4 5 6 7 20	1=routine 2=transfer to short-term hospital 3=skilled nursing facility 4=intermediate care 5=another type of facility 6=home health care 7=against medical advice(AMA) 20=died in the hospital	Claims with Discharge disposition of AMA or to Federal Facility are excluded If missing or invalid, claim is excluded
ADMISSION TYPE	Admission Type	Numeric 1 2 3 4 5 6	1=emergency 2=urgent 3=elective 4=newborn 5=trauma center3 6=other	If missing or invalid, Admission Type is coded as 6 (other) and claim is included
ADMISSION SOURCE	Admission Source	Numeric 1 2 3 4 5	1=emergency room 2=another hospital 3=another facility, including LTC 4=court/law enforcement 5=routine/birth/other	If missing or invalid, Admission Source is coded as 5 (other) and claim is included
LOS	Length of Stay	Numeric	Number of days from admission to discharge	If Length of Stay is missing, invalid or less than 0, the claim is excluded
MS-DRG	MS-Diagnosis Related Group	Numeric	MS-DRG from MS-DRG Grouper	MS-DRG Value is provided by MS-DRG Grouper Software version 36.0
MS-MDC	MS-Major Diagnostic Category	Numeric	MS-MDC from MS-DRG Grouper	MS-MDC Value is provided by MS-DRG Grouper Software version 36.0

Appendix A-8: PSI-90 Medicaid Claims Extract Rules (AHRQ PSI90 SAS v2022)

Data Field Name	Description	Format	Value Description	Comments
ICD-10-CM DIAGNOSIS CODES	ICD-10-CM Diagnosis Codes. DX1 is the principal diagnosis. DX2- DX25 are secondary diagnoses. Note: If e-codes are separated from secondary diagnoses in the input data file, the variable should be renamed and included as a secondary diagnosis variable (e.g., e-codes would be labeled as DX10 in a data file where the last secondary DX field is DX9).	String; three, four, five, six, or seven characters (do not include decimal point)	Diagnosis codes	If Principal diagnosis DX1 is missing, claim is excluded
POA	Present on admission indicator for each diagnosis code	String	1 = present at the time of inpatient admission. ('Y' = Yes, and 'W' = Clinically Undetermined and are coded as "1") 0 = not present at the time of inpatient admission ('N' = No and 'U' =Undetermined and are coded as "0").	Missing or invalid values for POA are treated as 0 = Not present at the time of inpatient admission except for select ICD codes that are exempt from POA reporting Principal Diagnosis codes are considered to be POA
ICD-10-CM PROCEDURE CODES	ICD-10-CM Procedure Codes. PR1 is the principal procedure, PR2-PR25 are secondary procedures.	String; three, four, five, six, or seven characters (do not include decimal point)	Procedure codes	Missing values are acceptable, claim is included
**ICD-10-CM PROC DATES**	_Dates of individual procedures represented by ICD-10-CM procedure codes. PCSDT1 is the date of PCS1, PCSDT2-PCSDT25 are dates of PCS2-PCS25._	_Date Field_	_Procedure dates_	_Please ensure procedure dates are provided only when corresponding procedure codes are present, e.g., if PCS1 is not blank, then PCSDT1 should not be blank; if PCS1 is blank, then PCSDT1 should be blank._
ADMISSION DATE	Date of Admission	Date Field	MM/DD/YYYY	Exclude if Admission Date is missing or invalid.
DISCHARGE DATE	Date of Discharge	Date Field	MM/DD/YYYY	If discharge date is missing or invalid or not within the data period, claim is excluded
PROVIDER NAME	Provider Name	Text	Provider Name	No additional comment
PATIENT LAST NAME	Patient Last Name	Text	Patient Last Name	No additional comment
PATIENT FIRST NAME	Patient First Name	Text	Patient First Name	No additional comment
DUAL	Status	Text	Y = Yes N = No	Claims with Dual =Yes are excluded
CLAIM TYPE	Inpatient	Text	I = Inpatient	Only Inpatient claims utilized
CLAIM STATUS	Paid, denied	Text	P = Paid	Only paid claims utilized